

**Collaborative Project:
Chronic Kidney Disease among Patients with CVD
Physician Conference Call**

Meeting Name			Facilitator/Leader		Note Taker
CVD/CKD Conference Call			Bill McClellan		L. Lechner/ M. Clark
Date	Start Time	Actual Start Time	End Time	Actual End Time	Location
Oct. 7, 2003	10:00 AM	10:00AM	11:30 AM	11:30 AM	Teleconference -QIO Conf Room
Meeting Purpose/Objective			Desired Outcome		
MD Conference Call Agenda and Change Package Development			Orient physicians to the CKD/CVD Project		
Participants			Invited /Unable to attend		
BJ Larson-Jones Britt Newsome Bill McClellan Tom Hostetter Elisa Gladstone Jon Sugarman, Derrick Latos		Nicki Davis Crosby Turner Margaret Clark Roland Blantz David Warnock Paul Eggers Dick Goldman	Eugene Freund Alan Kliger Wendy Brown William Mitch Will Schulter Peter Mc Cullough	* Please see attached sheet for individuals contact information and contact information.	
Meeting Handouts					
Meeting Agenda		Slide Presentation	Project Proposal	Project Analysis	
Project Handbook		Medicare Quality Improvement Priorities			

Topic Discussed	By Whom	Main Points
Introduction	Thomas Hostetter, MD	Dr. Hostetter opened the call by reviewing the National Kidney Disease Education Program's (NKDEP) peripheral leadership that incorporates the steering committee and 4 working groups. The Quality Indicators (QI) workgroup is the newest of the working groups and will be a system level initiative targeting PCPs with the message to use

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		GFR, ACEI and ARBs (in kidney patients)
Project History	William McClellan, MD, MPH	Dr. McClellan presented an overview of the stages leading up to the inception of the QI initiative. Georgia Medical Care Foundation (GMCF) drafted a proposal for Center for Medicare and Medicaid Services (CMS) for a statistical analysis of increased prevalence in poor care among cardiovascular patients. The Colorado QIO will work with us to conduct further analysis in their role as the data QIOSC. The meeting handout titled “CKD Analysis” documents describes the analyses that have been proposed to Colorado by GMCF. The project was approved by CMS (CMS Proposal TBS2A). DR Mc McClellan used the slide presentation to discuss the project overview and stimulate discussion.
Project Overview	William McClellan, MD, MPH	<p>The CVD/CKD project is a breakthrough series collaborative addressing inpatient chronic kidney disease care among patients hospitalized for cardiovascular disease. The collaborative will involve 15 hospitals working together for approximately 12 months to individually test system changes aimed at improving chronic kidney disease care and to collectively share their learning.</p> <p>Prior to the initiation of the collaborative an advisory panel of physicians from across the country will identify key indicators and opportunities for positive change in patients with CVD/CKD. These physicians will also serve as the expert panel throughout the project providing educational support and manuscript review.</p> <p>The participating hospitals will participate in a four phase collaborative model including pre-work activities, learning sessions, action periods, and an outcomes congress.</p> <p><i>Pre-work</i> is the period between recruitment of participants and the first Learning Session. During this time, participating hospitals assess their</p>

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		<p>CVD/CKD care, completes a checklist for pre-work activities, and conference with Georgia Medical Care Foundation about their upcoming activities.</p> <p><i>Learning sessions</i> are the major interactive events of the Collaborative. Through plenary sessions, small group discussions, and team meetings, attendees have the opportunity to learn from faculty and colleagues, receive individual coaching, gather knowledge on the subject matter and on process improvement, share experiences and collaborate on improvement plans and problem-solve barriers to improving care</p> <p><i>Action periods</i> are the time between learning sessions. During action periods, hospital teams work within their organizations to test and implement changes aimed at improving chronic kidney disease among patients with CVD. Teams share the results of their improvement efforts in monthly senior leader reports and also participate in shared learning through different communication channels</p> <p><i>Outcomes Congress.</i> Approximately 12 months after initiation of the Collaborative, Hospitals will share findings and achievements at an outcomes congress that will highlight the accomplishments of the teams and present changes effective at improving the care of patients with CVD/CKD.</p>
National Report	William McClellan, MD, MPH	<p>The format for the reports that will be submitted to CMS was discussed. The report will address the following:</p> <ul style="list-style-type: none"> ▪ Description of epidemiology and economics of kidney disease/burden of the disease (state and county) ▪ Description of relevant guidelines (K/DOQI, JNC, etc) ▪ Colorado QI evidence/analysis

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		<ul style="list-style-type: none"> ▪ GA QIO description on CVD/CKD efforts <ul style="list-style-type: none"> ○ describe tools available nationally that assist hospitals to improve care
Hospital Recruitment		<ul style="list-style-type: none"> ▪ A question was asked as to the motivation of hospitals to participate. Dr. McClellan and BJ Larson Jones explained that there were incentives for hospitals that serve Medicare beneficiary to participate in QI projects and that they already have a working relationship with the QIO's to do so. ▪ Quality Indicators have been adopted by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) (for heart failure and AMI) ▪ BJ Larson Jones explained that recruitment efforts were underway in the state of Georgia. ▪ The GMCF Analytic Services team has identified hospitals with large volumes of CVD/CKD Admissions and will be working with NKFGA and Dr. McClellan to identify physician partners and promote the collaborative in these facilities. He will also work with AHA/ACC members and other specialty societies who would like to participate. ▪ Crosby Turner of GMCF discussed the possibility of working with Georgia hospitals to present a Business case for this project as well. ▪ It was pointed out that at the operational level the CEO's ,COO's were not an obstacle. Enthusiasm grows when the hospital is able to see data confirming poor outcomes and an opportunity for improvement. For example: pneumonia ▪ BJ Larson Jones noted that identifying a physician champion and having the physician initiates the QI project was a very successful technique for hospital recruitment.

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Physician Recruitment		<p>A question was asked as to the recruitment of physicians for this project. Dr. McClellan explained that he was working with Chris Starr of the National Kidney Foundation in Georgia to recruit nephrologists for the project. They are currently targeting nephrologist, but would like to include cardiovascular physicians as well. He discussed the possibility of including the American College of Physicians and would try to make contact with Joe Stubbs, MD to do so.</p> <ul style="list-style-type: none"> ▪ BJ Larson Jones reviewed the steps to assure hospital which include: <ul style="list-style-type: none"> • Identifying a physician champion • Physician initiates the QI project <p>She stressed that the most effective tool is the material presented by expert faculty – physicians seem to really respond to this method.</p> <p>Dr. McClellan has already discussed this project at a State NKF meeting and received positive feedback from several physicians.</p>
Expert Faculty	William McClellan, MD, MPH	Dr McClellan stressed the importance of expert faculty presenting the first learning session material and providing support throughout the collaborative.
Change Package	William McClellan, MD, MPH, BJ Larson-Jones	<p>The need for a specific and targeted change package for the hospitals to initiate was discussed. The current draft package was adapted from the Colorado QIO's Heart Disease program/ Dr. McClellan asked that physicians on this call:</p> <ul style="list-style-type: none"> ▪ Review this material in the handout ▪ Accumulate materials for next conference call, which will be the end of October/ beginning of November. ▪ Extensive comments from QI working group will be necessary. The thought leaders are: <ul style="list-style-type: none"> • Dr. Hostetter GFR • Dr. Mitch Protein diet

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		<ul style="list-style-type: none"> • Dr. Warnock Anemia • Dr. Blantz ACEI/ARBs <p>Dr. McClellan clarified with Dr. Sugarman that the collaborative could use existing materials and algorithms for treatment with the proper accreditation.</p>
Questions/Discussion		<p>Several questions were raised about the Clinical implications of including certain indicators in the change package. The guidelines from various sources are not as current as they could be and there have been new studies suggesting alternative indicators. Among the issues questioned were:</p> <ul style="list-style-type: none"> • Protein Intake restrictions • ACE vs. ARB <p>Dr. Sugarman stressed that this was the type of discussion that need to happen to develop an effective change package. It was decided that this would be the focus of the next conference call.</p>
Coordination	Thomas Hostetter, MD	It was agreed that NKDEP would continue to support the conference calls and assist with the change package development. The NKDEP point of contact is Laura Lechner.
Closing Comments	Thomas Hostetter, MD	NKDEP is pleased to provide logistical support. Sees this workgroup as an opening step for improving QI – more effective than brochures or organizing CME activities. This may also open the door to HEDIS Indicators

NEXT STEPS

Person Responsible	Activity	Due Date
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Team

All participants	<ul style="list-style-type: none">Review the clinical guidelines in the “CKD Change Packet Handbook Draft 2” (pages 10-12) and send Bill McClellan comments.	
Drs. Hostetter, Mitch Warnock and Blantz	<ul style="list-style-type: none">Draft a paragraph for community nephrologists and cardiologists to promote clinical aspects for the change manual. Send to (bmcclell@gmcf.org)	
Laura Lechner	<ul style="list-style-type: none">Next conference call will be scheduled Oct 27-30	